NOTICE OF INTENTION TO IMPOSE CLAIM ON SECURITY DEPOSIT

10:				
	Tenant(s) Name ———————————————————————————————————			
	•	•	e a claim for damages in the amount mize each damage. i.e. rent, physical	
must o	ent to you as required by s. object in writing to this dec eceive this notice or I will b objection must be sent to:	duction from your secu	rity deposit within	15 days from the time
		Landlord Name		
		Address 1		
		City, State Zip		
	Sent certified mail # Mailed by:			, 20
-OR-				
	Delivered to email:			as designated by
TENAI	NT in the Electronic Notice:	s Addendum.		

Note: This notice does not waive or limit any of the landlord's rights to damages or amounts due which may exceed the security deposit or the amounts listed on this form.